

**Medical Services**

# **Special Notification—Injury Cases**

**Headquarters  
Department of the Army  
Washington, DC  
27 August 1975**

**Unclassified**

# ***SUMMARY of CHANGE***

AR 40-16

Special Notification-Injury Cases

Change 1 implements the Privacy Act of 1974 (5 U.S.C. 552a) by adding Privacy Act Statements for forms prescribed in this publication that are covered under the act.

This revision --

- o Updates notification procedures by deleting requirement for "initial", "special", or "final" DA Form 2631-R (Medical Care-Third Party Liability Notification).
- o Requires DA Form 2631-R will be prepared only upon the request of the recovery judge advocate (RJA) or upon transfer of a patient to another medical treatment facility (MTF).
- o Requires that DA Form 2985 (Patient Admission Information), or its equivalent, be forwarded to the RJA within 3 working days after the day of admission of a patient for an injury.

Effective 27 September 1975

Medical Services

**Special Notification—Injury Cases**

By Order of the Secretary of the Army:

FRED C. WEYAND  
*General, United States Army*  
*Chief of Staff*

Official:

VERNE L. BOWERS  
*Major General, United States Army*  
*The Adjutant General*

**History.** This change implements the Privacy Act of 1974 (5 U.S.C. 552a) by adding Privacy Act Statements for forms prescribed in this publication that are covered under the act. This publication has been reorganized to make it compatible with the Army electronic

publishing database. No content has been changed.

**Summary.** This revision updates notification procedures by deleting the requirement for “initial”, “special”, or “final” DA Form 2631-R (Medical Care—Third Party Liability Notification). DA Form 2631-R will be prepared only upon the request of the recovery judge advocate (RJA) or upon transfer of a patient to another medical treatment facility (MTF). It also requires that DA Form 2985 (Patient Admission Information), or its equivalent, be forwarded to the RJA within 3 working days after the day of admission of a patient for an injury.

**Applicability.** The provisions of this regulation do not apply to—

- (a) Battle casualties.
- (b) Care provided in facilities of another uniformed service of the United States to individuals whose medical care is a responsibility of the Department of the Army.

**Proponent and exception authority.**

The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (DASG-HCP) WASH DC 20314.

**Army management control process.** Not applicable.

**Supplementation.** Not applicable.

**Interim changes.** Not applicable.

**Suggested improvements.** Not applicable.

**Distribution.** Active Army, ARNG, USAR: To be distributed in accordance with DA Form 12-9A requirements for AR, Medical Services – Applicable to Medical Activities only – A (Qty rqr block no. 68).

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\*This regulation supersedes AR 40-16, 25 July 1973.

**RESERVED**

## 1. Purpose.

The Act of 25 September 1962 (76 Stat. 593, 42 U.S.C. 2651-3) requires the Government in certain instances to recover from third persons for reasonable cost of hospital, medical, surgical, or dental care which is provided an individual who is injured under circumstances creating a tort liability upon some third person. This regulation establishes procedures for notifying recovery judge advocates when inpatient care is provided an individual who has been injured, in order that collection action may be initiated to recover the value of all treatment provided in accordance with section II, chapter 5, AR 27-40 against tortiously liable third persons responsible for the injury.

## 2. Terminology.

The term "recovery judge advocate" (RJA) as used in this regulation means the judge advocate office assigned responsibility for the medical care recovery program in the geographic area in which the initial treatment or hospitalization of an injured person entitled to medical care at Army expenses occurs except when an individual is already on the rolls of a military MTF. In this event, the RJA serving the military MTF where the individual is a patient, will assume recovery action. Geographic areas assigned the RJA generally coincide with the geographic areas assigned to MEDCEN/MEDDAC commanders. The RJA normally will be the judge advocate office which furnishes legal services to the Army hospital where the initial treatment or hospitalization was provided, i.e., the judge advocate or legal advisor of the command or installation supported by the Army MTF.

## 3. Care in Army MTF's

a. The original DA Form 2985 (Patient Admission Information), or its equivalent, will be used to notify the RJA of *all* injury-type patients admitted as a direct admission (which includes those patients where administrative responsibility has been assumed, para 18-2, AR 40-3) to Army MTF's regardless of the circumstances under which the injury was incurred. The section titled "For Local Use" will be used to record the accident information of how, when, and where the injury occurred. The form will be forwarded to the RJA within 3 working days after the day of admission for screening and determination of third party liability. When the RJA has reached a decision, he will return the form to the MTF with one of the following notations: "No third party liability" or "Possible third party liability-DA Form 2631-R (Medical Care-Third Party Liability Notification) (fig.1) will be requested when required by the RJA." DA Form 2985 (or its equivalent) will become a permanent part of the clinical record. If it has been determined that possible third party liability exists, the notation: "Possible third party liability -Public Law 87-693" will be entered in item 29, DA Form 3647 or 3647-1 (Clinical Record Cover Sheet (CRCS) )(or its equivalent) upon completion. If the CRCS has been completed prior to this notification, a corrected CRCS will be prepared as provided by paragraph 6-22, AR 40-400.

b. Transfer DA Form 2631-R will be prepared and forwarded to RJA within 3 working days after the day of transfer or movement or patient, for all cases except those which the RJA has determined that no third party liability exists.

c. A copy of each DA Form 2631-R submitted to the RJA will become a permanent part of the clinical record.

d. SF 502 (Clinical Record-Narrative Summary) if available, will accompany DA Form 2631-R submitted to the RJA. If not available when DA Form 2631-R is forwarded to the RJA, it will be forwarded upon completion.

## 4. Request for medical records/information.

Route all replies to requests for medical records and medical information from attorneys and insurance companies and replies to requests from all sources concerning medical records identified as "Possible Third Party" cases through the RJA for release

## 5. Documents pertaining to absent sick Army active duty personnel.

Unless the determination has been made by the RJA that no third party liability exists, copies of the following documents when they are received or prepared by the MTF will be forwarded to the RJA: hospital bills, professional service bills, related bills for medical service (such as ambulance), DA Form 3928 (Public Voucher for Medical Services), or DA Form 8-17 (Public Voucher-Reimbursement of Medical Services).

## 6. INSTRUCTIONS FOR COMPLETING DA FORM 2631-R.

This form will be reproduced locally on 8- x 12½-inch paper in accordance with figure 1 and is self-explanatory except for the following items:

a. *Item 6.* Disposition or Status of Patient. If patient has been released from the MTF, enter the date and type of disposition. If transferred or moved from the MTF, enter the MTF to which dispositioned. If currently on the rolls of the MTF, enter status; i.e., occupying a bed, on leave, AWOL, subsisting elsewhere, or TDY/SDY.

b. *Item 11.* Military Hospital Care. In 11a, Total Days, enter the number of days from admission to disposition or date of report; in 11b, Days Absent, enter the number of days included in 11a during which that patient was absent from the hospital; in 11c, Net Days, enter the number of days active hospitalization (11a minus 11b); in 11d, Rate, enter the appropriate inpatient rate stated in appendix H, AR 27-40; in 11e, Total, enter the total charge for active hospitalization (11c times 11d); in 11f, Paid, enter any amount paid locally by the patient or on behalf of the patient by anyone other than an agency of the Federal Government; 11g, Balance, enter the unpaid charges (11e minus 11f).

c. *Item 12.* Military Outpatient Care. In 12a, Visits, enter outpatient visits (computed in accordance with the system prescribed in paragraph 3c(3), AR 40-332), in 12b, Rate, enter the appropriate outpatient visit rate stated in appendix H, AR 27-40; in 12c, Total, enter the total charge for outpatient care (12a times 12b); in 12d, Paid, enter any amount paid locally by the patient or on behalf of the patient or by anyone other than an agency of the Federal Government; in 12e, Balance, enter the unpaid charges (12c minus 12d).

*Note.* Enter only amounts which have actually been received by the Medical Service Account (MSA) as of the day the notification is submitted. Promises to pay, arrangements for partial payments or other transactions such as transfer of the account to the finance and accounting officer will not be reflected. If any amounts are received after the notification is submitted, an additional DA Form 2631-R will be forwarded with only items 11f and 11g and/or 12d and 12e completed.

d. *Item 13.* Civilian Source Care. This item also includes other nonmilitary source care. The RJA has the responsibility to complete this item on active duty members who were moved to a Federal nonuniformed service MTF to await separation or disability retirement. For all other types of civilian source care this item will be completed by the military MTF. In 13a, enter type of care given; in 13b, enter name and address of individual or source giving care; in 13c, enter dates of care; in 13d, list associated charges.

## 7. Consolidated statement of charges.

When so requested by the RJA, the commander of the Army medical treatment facility which submitted DA Form 2631-R in a particular case will prepare a consolidated statement of charges to be used in possible litigation. DA Form 3154 (MSA Invoice and Receipt) will be used for this purpose. The information appearing in items 11, 12, and 13 on all DA Forms 2631-R pertaining to the injury giving rise to the expected litigation will be summarized and totals entered in the appropriate items of the DA Form 3154. When information is available that payment has been made by the Army to civilian source or sources, the amount paid by the Army will be entered in Remarks as follows: "Payment for care from civilian sources-see attached voucher(s)." In such cases, a copy of the voucher(s) on which payment was made will be attached to the DA Form 3154. DA Forms 3154 used as required by this paragraph will be forwarded to the requesting recovery judge advocate in original

and one copy. The remaining copies (3 and 4) will be conspicuously marked "USED FOR THIRD PARTY BILLING ONLY" and filed in the "Invoice Issued" file without being processed through the MSA. When it is apparent from the patient's record that care has been obtained at Army expense and information on the value or cost of such care is not contained in the record, appropriate action will be initiated to obtain the required data covering such care for inclusion in the consolidated statement.

#### **8. Civilian care furnished dependents and retired members in the United States, Puerto Rico, Canada, and Mexico.**

*a.* The Director, Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) has the responsibility for issuing directives regarding procedures to be followed by civilian medical treatment facilities when dependents or retired members receive initial care and treatment at civilian facilities as CHAMPUS beneficiaries, to assure that—

(1) Notification is made to the appropriate legal official or RJA in accordance with paragraph 5-15*a* (3), AR 27-40.

(2) Invoices, statements of account, statement of causative factors, and other available information specifically requested by the individual mentioned in (1) above, are furnished.

(3) DA Form 1863-5 (Statement of Personal Injury—Possible Third Party Liability—Civilian Health and Medical Program of the Uniform Services (CHAMPUS) is completed by the injured party, sponsor, or other responsible family member as soon as possible after the patient's admission for a bodily injury to a civilian hospital or other MTF in accordance with instructions thereon.

(4) A copy of DA Form 1863-5 is furnished to the appropriate RJA as soon as possible so that he may advise the injured party in accordance with paragraph 5-15*e*, AR 27-40.

*b.* The information referred to in *a* above will not be forwarded in those cases in which it appears from the information available that the injury was caused solely by the fault or neglect of the patient. If there is any doubt on this point, the information will be forwarded.

#### **9. Civilian care furnished dependents and retired members in the European command.**

When payment is made for civilian inpatient care and it appears that the care was necessitated by an injury, the Executive Director, Office for the Civilian Health and Medical Program of the Uniformed Services, Europe, will furnish the information required in paragraph 7 to the appropriate service commander.

#### **10. Civilian care furnished dependents and retired members in areas other than those listed in paragraphs 7 and 8.**

*a.* Approving authorities (AR 40-123) who process payments to sources of civilian health services or claims for reimbursement for civilian inpatient care obtained by CHAMPUS beneficiaries will forward a copy of the approved SF 1034 (Public Voucher for Purchases and Services other than Personal), a copy of the DA Form 1863-2 (Services and/or Supplies Provided by Civilian Sources) (except hospitals), and if appropriate, a copy of DA Form 1863-1 (Services and/or Supplies Provided by Civilian Hospitals) to the RJA in all injury cases where the patient was hospitalized.

*b.* The information referred to in *a* above will not be forwarded in those cases in which it appears from the information available that the injury was caused solely by the fault or neglect to the patient. If there is any doubt on this point, however, the information will be forwarded to the RJA.

#### **11. Documentation of claims for reimbursement for civilian care.**

Paragraph 17-11*f*, AR 40-3 and AR 40-121 provide for certain documentation of claims for reimbursement for the cost of civilian inpatient care obtained at personal expense.

#### **11. Civilian care furnished under the provisions of chapter 17, AR 40-3.**

*a.* When an active duty Army member obtains inpatient care from civilian sources (including nonmilitary Federal MTF's), the commander of the Army MTF designated to assume administrative responsibility (para 18-2, AR 40-3) will take action as prescribed in paragraphs 2 and 4.

*b.* In all injury cases where administrative responsibility was not assigned to an Army MTF and the patient was hospitalized, each approving authority (fig. 17-1, AR 40-3) who process bills from sources of civilian care for treatment or claims for reimbursement under the provisions of paragraph 17-11 *f* of that regulation, will forward a copy of the approved DA Form 3928 or DA Form 8-17 to the RJA serving the approving authority.

#### **12. Care in medical treatment facilities of a foreign government.**

The notification procedures required in paragraphs 7 or 11, as applicable, will be followed when payments are made to a foreign government for care in injury cases provided in its facilities to individuals whose medical treatment is a responsibility of the US Army.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

(5 U.S.C. 552a)

**TITLE OF FORM** Statement of Personal Injury - Possible Third Party  
Liability/Civilian Health & Medical Program of the Uniformed**PRESCRIBING DIRECTIVE**  
AR 40-16**1. AUTHORITY** Services (CHAMPUS)

Title 42, United States Code, Section 2651-2653

Social Security Number - Title 42 (AR 608-14)

**2. PRINCIPAL PURPOSE(S)**

To obtain information so the Government in certain instances can recover from a third person the reasonable costs of hospital, medical, surgical or dental CHAMPUS care which is provided an individual entitled to care who is injured under circumstances creating a tort liability upon some third party.

**3. ROUTINE USES**

- a. The CHAMPUS Fiscal Administrators prepares initial section of the form based upon a received claim for payment of civilian inpatient care provided as a result of an injury and forwards form to sponsor for completion.
- b. The sponsor in conjunction with the civilian hospital or treatment facility completes the form and forwards it to the designated Army Staff Judge Advocate's office.
- c. The Staff Judge Advocate's recovery personnel review the information to determine if recovery action should be undertaken by the Government.
- d. Civilian attorneys acting in behalf of the Government utilize the information in State or Federal courts for settlement of the Government's claim.
- e. Civilian insurance companies may use the data in settlement of the claim.

The social security number is utilized to identify the medical records of the service member, the retired service member or their dependents.

**4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION**

- a. Disclosure is voluntary and no action is taken when the individual does not provide the information.
- b. Use of the social security number is mandatory since it identifies the individual's medical record.





# MEDICAL CARE - THIRD PARTY LIABILITY NOTIFICATION

For use of this form, see AR 40-16; the proponent agency is the Office of The Surgeon General.

1. IMPRINT OR TYPE PATIENT DATA (Same as items 2 thru 28, DA Forms 3647, 3647-1 or its equivalent)

2. HOME ADDRESS (Include ZIP code) AND TELEPHONE NUMBER (Non-military patients)

ITEMS MAY BE CONTINUED ON REVERSE (Identify by item number)

3. RECOVERY JUDGE ADVOCATE

4. NAME AND ADDRESS OF FACILITY SUBMITTING NOTIFICATION

5. TYPE OF NOTIFICATION

☐ TRANSFER

☐ REQUESTED BY THE RJA

SF 502 SUBMITTED TO THE RJA ☐ YES ☐ NO

6. DISPOSITION OR STATUS OF PATIENT

7. FEDERAL AGENCY SPONSORING PATIENT

8. DIAGNOSIS(ES)

9. CAUSE OF INJURY (How, when, and where)

10. PROGNOSIS (Include probable length of hospitalization and number of expected outpatient visits)

## COMPUTATION OF CHARGES

11. MILITARY HOSPITAL CARE

TOTAL DAYS a	DAYS ABSENT b	NET DAYS c	RATE d	TOTAL e	PAID f	BALANCE g

12. MILITARY OUTPATIENT CARE

VISITS a	RATE b	TOTAL c	PAID d	BALANCE e

13. CIVILIAN SOURCE CARE

TYPE CARE a	NAME AND ADDRESS OF CIVILIAN SOURCE b	DATE c	CHARGE d

14. GRAND TOTAL (11g + 12e + 13d)

DATE

TYPED NAME AND GRADE OF PATIENT ADMINISTRATOR

SIGNATURE



**Unclassified**

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